Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

September 11, 2025 | 2:00 PM – 4:00 PM ET

Agenda

- Welcome and Updates (5 minutes)
- HSR Subcommittee Planning: September – December (10 minutes)
- Leveraging Digital Health Tools to Support Screening and Referral for HRSN and Reentry Services (30 minutes)
- Screening and Referral Recommendations: Discussion in Breakout Groups (45 minutes)
- Report Out from Breakout Groups (10 minutes)
- Public Announcements, Other Business, and Next Meeting (5 minutes)

DHCF Standing Updates

CMS News/ Updates:

- No updates since July meeting. DC's 1115 renewal application is still pending approval with CMS. CMS has issued several temporary extensions to continue negotiations on our submitted renewal application. Demonstration authority currently expires December 31, 2025.

1115 Whole Person Care Learning Collaborative Updates:

- Close-out in-person session was held on July 29. Thank you to everyone who attended the July 29 meeting and participated in the Learning Collaborative!

Enhanced Community Engagement Updates:

- Wellcentric DC contract concluded in early September
- Enhanced community engagement activities included 17 in-person feedback sessions and 202 Medicaid beneficiaries/family members participated in engagement activities and provided feedback, in addition to front-line staff and other stakeholders

HSR Will Work Towards Cross-Cutting Recommendations from September – December 2025

- Building on our cross-cutting discussions this past spring, we will use our fall meetings to develop cross-cutting recommendations in key topic areas:
  - September
    - Presentation and discussion on cross-cutting topic: Screening/Referral/Technology
    - Chair's review of April and June meeting cross-cutting topic discussions
  - October
    - Presentation of draft recommendations for HSR Subcommittee discussion and finalization: Screening/Referral/Technology
  - November
    - Presentation and discussion on cross-cutting topic: Comprehensive and high-quality care coordination and service navigation/Workforce
  - December
    - Presentation of draft recommendations for HSR Subcommittee discussion and finalization: Care coordination and service navigation/Workforce
    - Present recommendations for MCAC approval at December MCAC meeting

Supporting the Development of Cross-Cutting Recommendations

- **Opportunity:** HSR subcommittee members engage in recommendation development
  - Previous recommendations crafted by HSR Chair and Wellcentric DC
  - Cross-cutting recommendations will be developed by Chair and small group of subcommittee volunteers
  - DHCF will continue NOT to participate in development to ensure HSR subcommittee independence
- **Volunteers**: HSR Chair seeking small group of volunteers
  - Formation of actionable recommendations
  - Writing/Editing
  - Combination of virtual meetings and asynchronous work
  - Time availability from September-December
  - Ability to represent subcommittee consensus
- **Contact HSR Chair**:
  - Contact Sarah Barclay Hoffman at sbhoffma@childrensnational.org if interested

Connecting Care CRISP DC

Leveraging Digital Health Tools to Support Screening and Referral for HRSN and Reentry

Abby Lutz, Project Manager, CRISP DC

The DC HIE is a Health Data Utility with Six Core Capabilities for Providers

Critical Infrastructure (e.g. Encounters and Alerts)

- **ADT Alerts**
- **Health Records**
- **Patient Snapshot**
- **Image Exchange**

Consent to Share Data

Consent to share SUD Data

-42 CFR Part 2 Data (Phase I)

-Prevention of Harm Form

-Other types of consent (Phase II)

Registry and Inventory

Care Management Registry

Advance Care Planning

Simple and Secure Messaging

Provider Directory

Includes contacts from:
> 6M Practitioners nationwide
>47,800 DC/Local Practitioners

Includes data from:
-650 national sources
-20 DC/Local Data sources

Health Related Social Needs (HRSN)

Referral and Screening

-SSO from the CRISP DC Portal or InContext application to Findhelps LinkU to capture HRSN screening assessments, closed-loop referral, and access HRSN resource directory

Advanced Analytics for Population Health Management

PopHealth Analytics

-Supporting population and panel level management across providers through advanced analytics dashboards

Accessible via web Portal

Streamline Social Needs Referrals with LinkU Integration

With funding from DHCF, CRISP DC has partnered with the DC Department of Health and findhelp to integrate **LinkU**, DC Health's screening, referral and resource directory platform. LinkU integration with CRISP DC will provision providers with Single Sign On (SSO) access to seamlessly launch from the CRISP DC Portal into LinkU without having to re-enter login information to:

- Conduct a **social needs screening assessment**
- Send **closed-loop referrals** to community-based organizations
- Search for **community resource information** available in the District

How Providers and CBOs Access and Use LinkU

Organization Type	How to Access LinkU	What You Can Do
Provider Organization	Through CRISP DC SSO via Web Portal or InContext Application.	• Conduct screening assessments • Search for resources • Send referrals for patients
Community-Based Organization (CBO)	Through the LinkU Website.	• Conduct screening assessments • Search for resources • Update referral status • Provide services to patients

Social Workers Can Use LinkU to Support Re-Entry

- As a Social Worker at a Reentry Primary Care Clinic, I use LinkU via CRISP DC to assist my patients, recent returning citizens. I screen my patients, look for resources, and send referrals for my patients who are experiencing housing instability, to ensure that I can receive updates on whether they have received services.

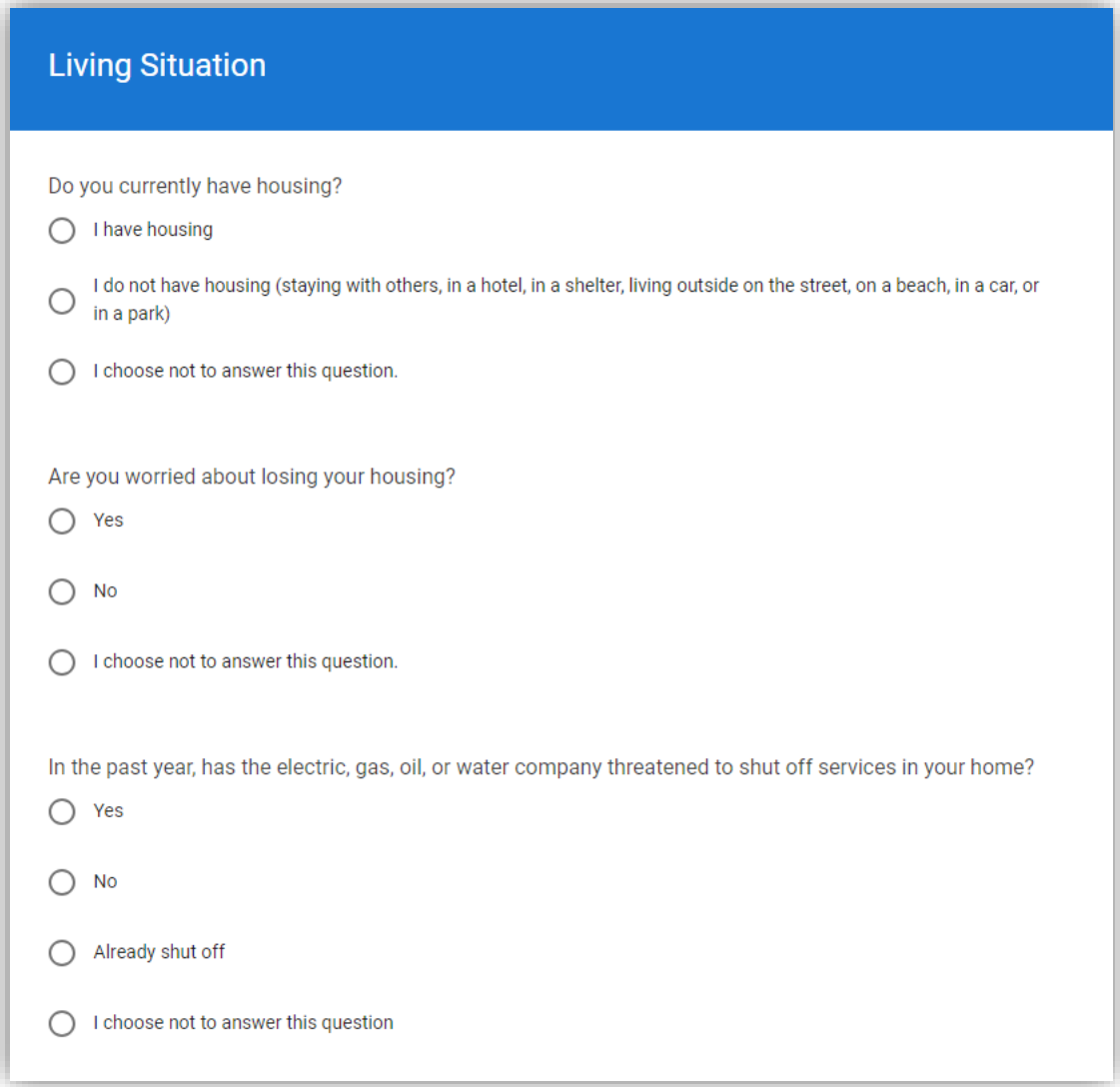
Case Managers Can Use LinkU to Support Nutrition Needs

- As a case manager at a nutrition-focused CBO, I receive referrals through LinkU from primary care providers to assist individuals with nutrition needs in obtaining healthy meals. Through LinkU, I can send updates to let the provider know that their patient has received assistance from our organization.

Use LinkU to Connect Patients to Trusted Housing Resources

- As a Care Coordinator at an FQHC, I use LinkU via CRISP DC to assist my patients in finding resources to identify their housing needs. I use the screening assessment to better identify their needs and send closed-loop referrals to trusted housing CBOs.

Providers and CBOs Can Conduct Screening Assessments through LinkU



Living Situation

Do you currently have housing?

- I have housing
- I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
- I choose not to answer this question.

Are you worried about losing your housing?

- Yes
- No
- I choose not to answer this question.

In the past year, has the electric, gas, oil, or water company threatened to shut off services in your home?

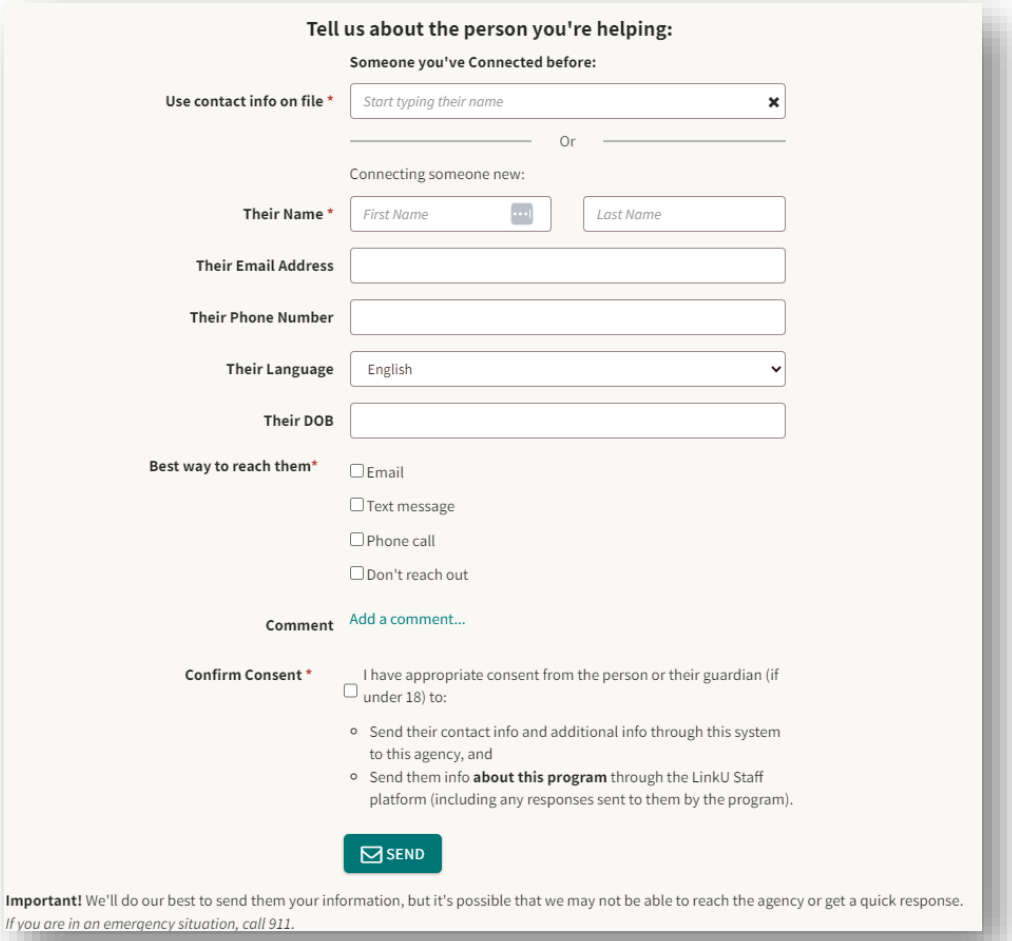
- Yes
- No
- Already shut off
- I choose not to answer this question

CRISP DC's SSO access into LinkU supports the use of DC Health's Standard Needs Assessment to screen patients for social needs such as:

- General information
- Living situation
- Food
- Financial Situation
- Medical Needs
- Mental Health
- Transportation
- Legal
- Safety
- Substance Use
- Any additional needs

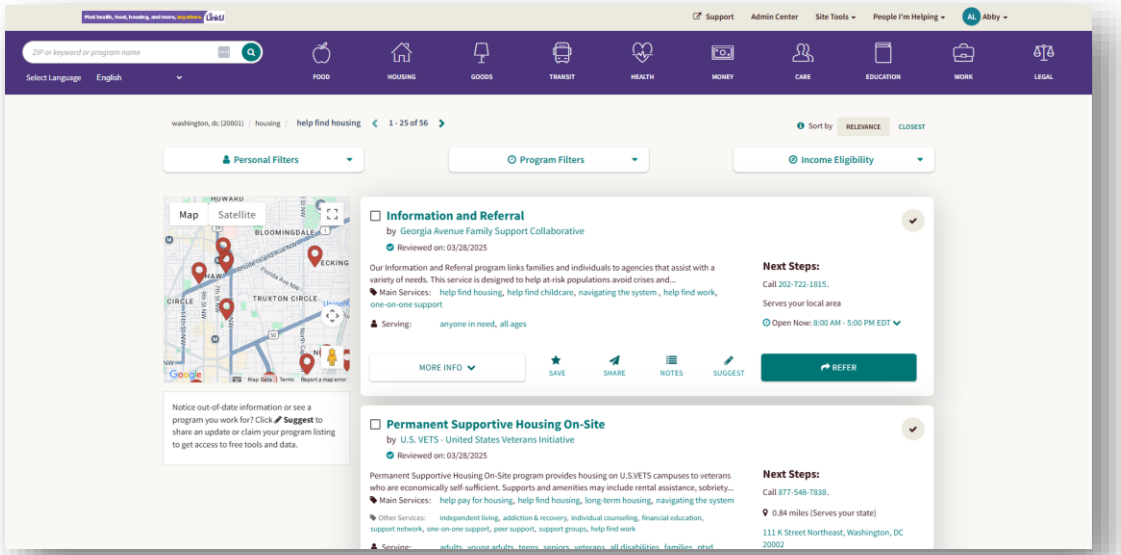
If CBOs have additional screening criteria or would like to conduct their own needs assessment, they can integrate those within their LinkU program card.

Searching for Resources and Making a Referral



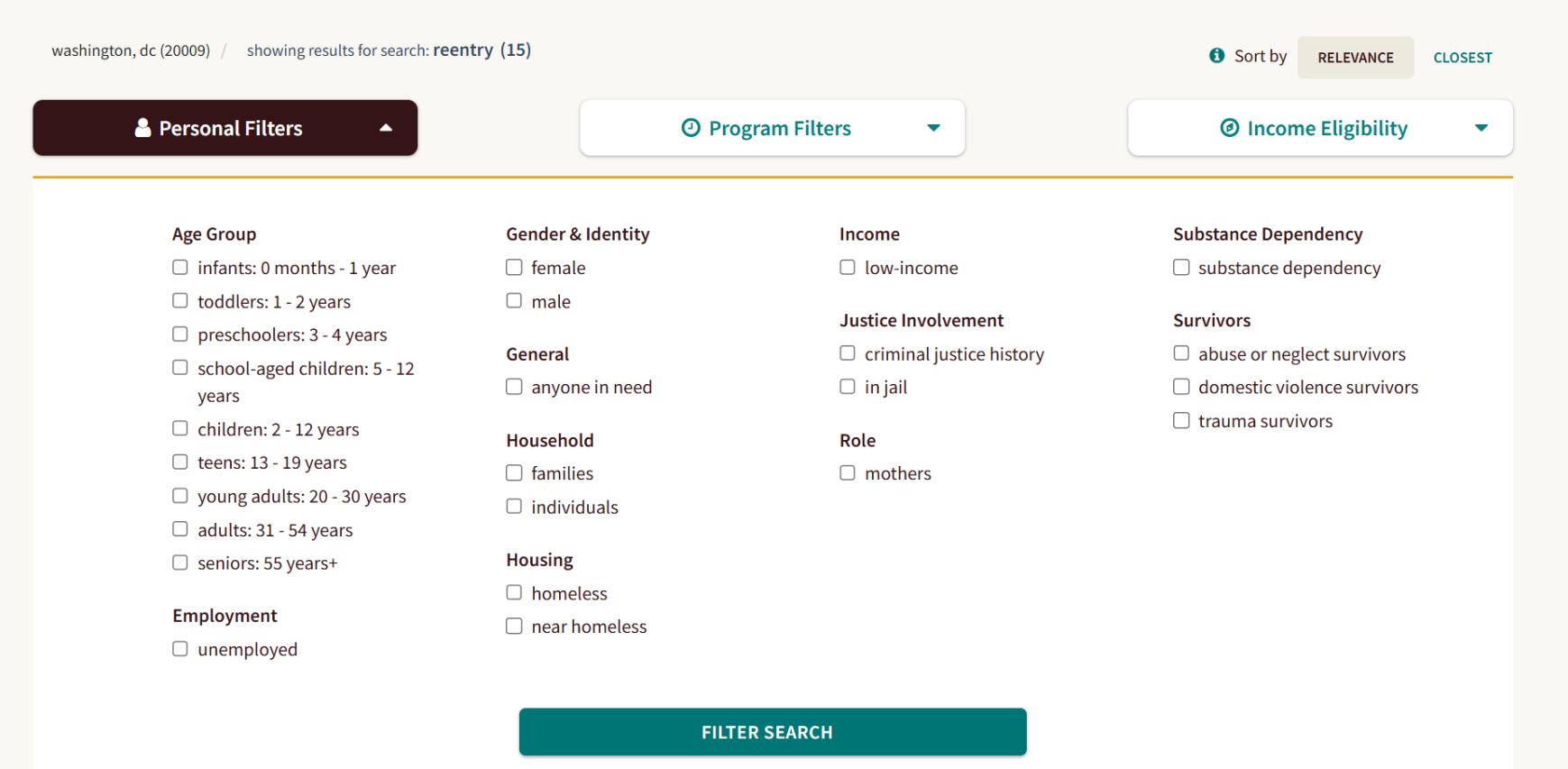
- Sending closed-loop referrals through LinkU can enhance care coordination between providers, ensure proper follow-up, and improve health outcomes.

- CBOs conducting or receiving referrals via LinkU can provide status updates through the platform to keep the referring provider informed.

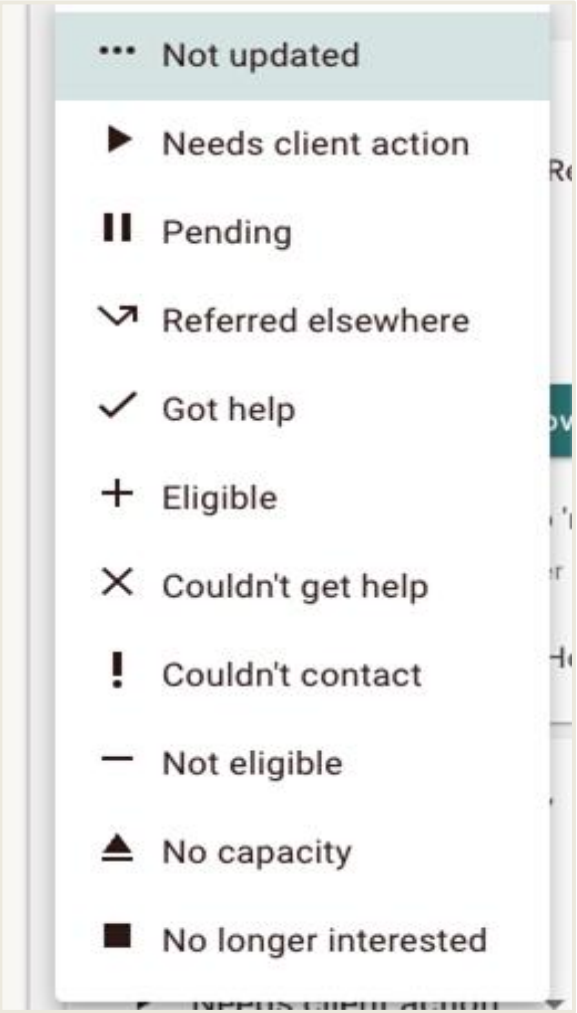


Personal Filters Available on LinkU Platform

- LinkU allows users to filter by age, employment, justice involvement, income, and other factors in order to find organizations targeted to an individual's specific needs

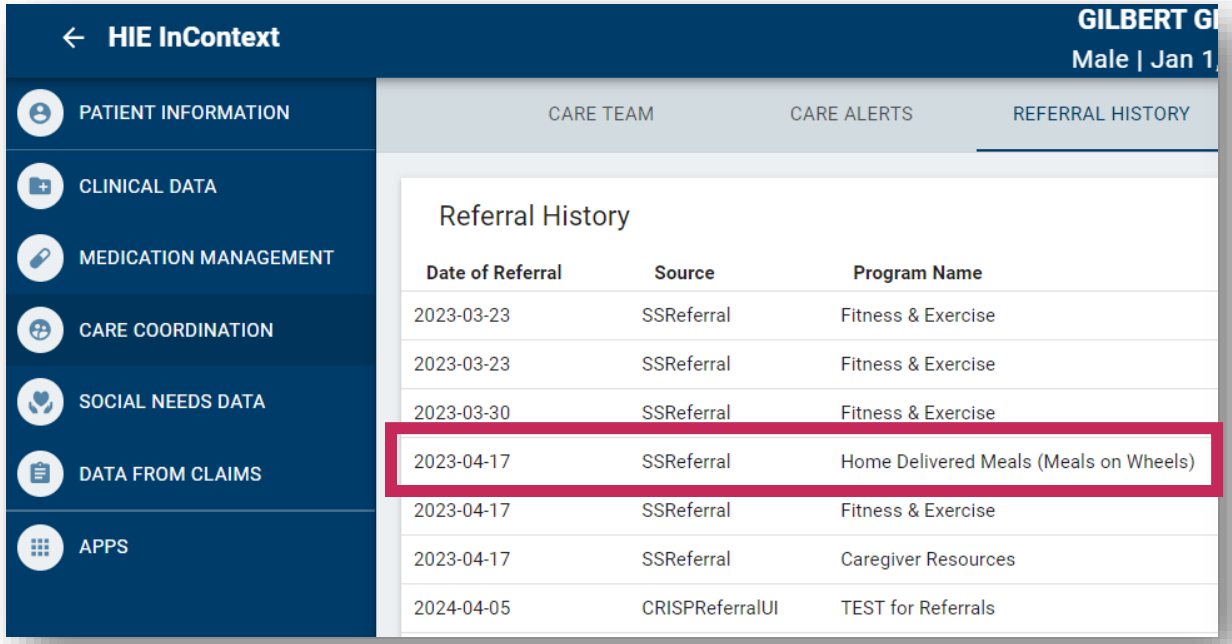


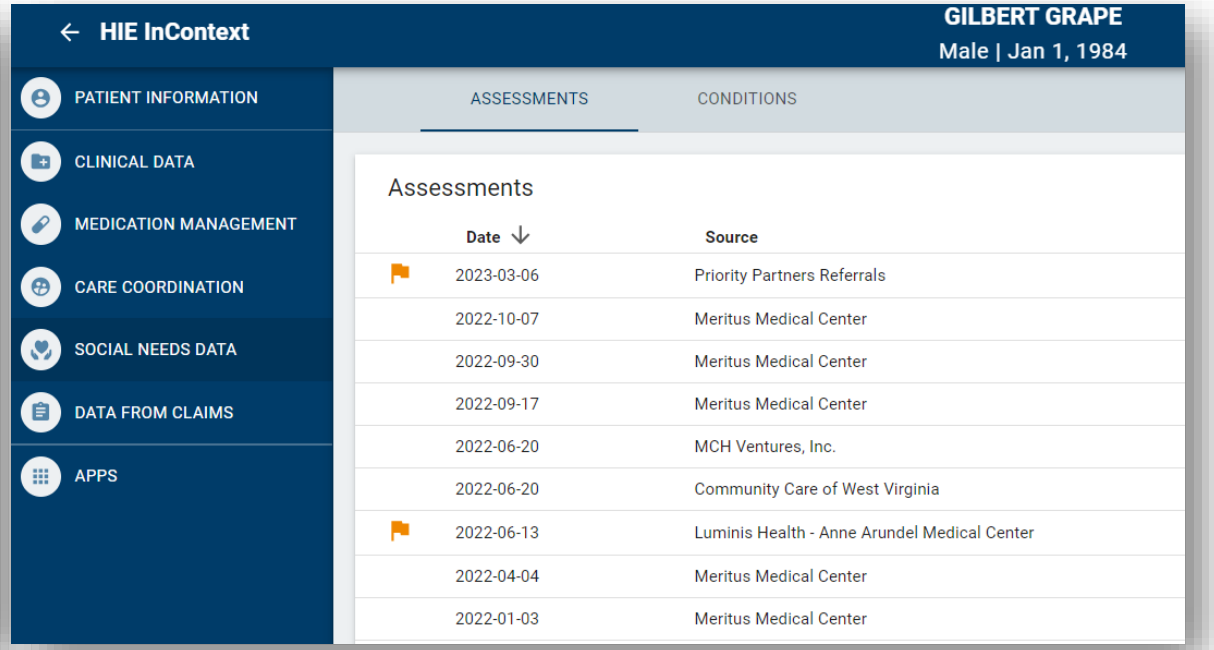
Updating the Status of a Referral



- CBOs that have received referrals for their program through the LinkU platform can update the status to let referring providers know that their patients have received care at their organization.
- It is important to update the status of the referrals that you receive to ensure the loop is being closed to the referring provider.

Coming Soon: Data Exchange with the DC HIE





- Data captured through the LinkU platform, such as screening and referral data will flow back to the DC HIE and be viewable in the care coordination and social needs subtabs.

New HIPAA Authorization Form Allows Providers to Share Certain Clinical and Social Needs Data with CBOs

- **How can it be used?**
  - Once signed, CBOs can view patient data in CRISP DC to coordinate services such as food, housing, or transportation supports for patients with whom they have a treatment relationship.

- **Benefits to CBOs**
  - Access to patients' health information with consent.
  - Ability to tailor services based on medical and social needs.
  - Stronger collaboration with clinical providers.
  - Streamlined referrals and follow-up.

- **Use Case Example**
  - A clinic completes the HIPAA Authorization with a patient.
  - The patient is referred to a CBO for housing support.
  - CBO has listed the patient on their patient panel.
  - The CBO can now view relevant health information (like medications or conditions) in CRISP DC to ensure services are coordinated and appropriate.

Quick Peek at the New HIPAA Authorization Form

Information to Be Disclosed and How

Next

I understand and acknowledge that my PHI may contain health information that I may consider sensitive. I authorize the disclosure of my clinical data via the HIE Portal query. This could include but may not be limited to the following:

- Lab results
- Medication lists
- Hospital discharge summaries
- Mental health information
- Claims data

Release Information Via:

Clinical Data Only

Disclose my clinical data via the HIE Portal query only. This could include but may not be limited to my lab results, medication lists, hospital discharge summaries and mental health information.

Signature/Attestation

Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

Patient Signature

I, the undersigned, authorize CRISP DC to release my protected health information as indicated/described above.

×

Please, sign above *

What's Next for Using LinkU and CRISP?

- **Are you a program working with HRSN and Reentry and want to use LinkU?**
  - Suggest or claim your program on LinkU
  - Attend a monthly Findhelp training to learn how to use the tools to manage your program
    - 101: Introduction to Findhelp Register Here
    - 201: Exploring Free Tools Register Here
  - Create an account and start connecting your clients to resources!
- **Are you a provider looking to access LinkU via CRISP DC?**
  - Contact the DC outreach team at dcoutreach@crisphealth.org

Connecting Care CRISP DC

For CRISP DC related inquiries please contact outreach at dcoutreach@crisphealth.org.

For support contact support@crisphealth.org or call 833.580.4646.

1140 3rd Street NE
Washington, DC 20002
833.580.4646 | www.crispdc.org
dcoutreach@crisphealth.org

Poll Questions – Key Components of Screening and Referral Framework

- Should there be a single screening tool used to assess social and clinical needs to determine eligibility for 1115 services?
- Should there be a single entity administering the screening tool?
  - Potential screening entities could include MCOs, primary care practices, hospitals, health care providers, CBOs, or any other ideas you have.
- Should there be a single system for recording screenings, making referrals, and closing the loop?

Breakout Groups Will Use the Following Questions to Begin Formulating Recommendations on Screening and Referral

- What screening tool (or tools) should be used to assess social and clinical needs to determine eligibility for 1115 services? Is there consensus among the group? Any considerations for different populations, demographics, etc. (e.g., age, family vs single adults)?
  - If the group leans towards a single entity administering the screening based on the poll, is there consensus about which entity? If not, pros/cons of different entities (MCOs, primary care, hospitals, CBOs, etc.)?

- Are there additional system capabilities beyond what was presented today that need to be made available to 1115 service providers to successfully deliver and seek Medicaid reimbursement for 1115 services?

- Probe further into polling question on single system for screening/referral/closed loop depending on results.

Randomly Assigned Breakout Group Reminders

- We encourage participants to introduce themselves before they speak and keep cameras on (if able)
- Be mindful of your participation and allow space for all participants to engage in conversation
- Facilitators will display discussion questions, take notes during conversations, keep time, and identify one person from the breakout to report back to the larger group about your discussion

The most common way to join breakout groups:

- If you joined from your browser, go to the "Participants" panel. If you joined from the desktop application, you can also find breakouts as a dropdown from the menu bar at the top of the screen.

Note *– There are some known technical glitches depending on the device/platform you are joining from. If you are unable to join the breakout, please ask for help through the chat and someone will place you in a breakout.*

Report Out – Group 1

- Some participants expressed interest in one screening tool and one closed loop system
- Participants suggested allowing multiple screening entities in order to better meet people where they are at, and provide multiple entry points into the system
- Participants discussed and shared information around functionality in CRISP and integration with LinkU
- Participants highlighted the importance of knowing Medicaid eligibility status in real time, and stated that this has been a significant issue in other states.
- Participants voiced a preference for approaches that can reduce administrative burden and not incur additional costs for CBOs
- Participants highlighted the importance of language access
- Participants expressed support for a multi-modal approach

Report Out – Group 2

- While participants had varied views about the use of a single screening tool, those opposed to a single screening tool largely highlighted the need to build off of existing infrastructure and practices, and recognized that historical/existing requirements have led to the use of different screening tools across systems.
- Participants highlighted the difference between screening for a need vs. authorization or determination of eligibility for a specific service,
    - Participants shared that many existing screening tools define general need, but do not get to the level of specificity required to deliver targeted services.
    - Participants highlighted the need for both specificity and standardization for service eligibility determination
- Participants expressed interest in building off systems that are already in use to limit administrative burden and facilitate information sharing
- Participants wanted the chosen system to work effectively for both providers and patients, ensuring that they are not routed to many different places before their needs are met

Public Announcements and Other Business

Notes on information shared during meeting:

Next Meeting

- **The next meeting is scheduled for October 16, 2025, 2-4pm.***

- Below, please find the additional HSR Subcommittee meetings proposed through the end of calendar year 2025:
  - November 13, 2025: 2-4 pm
  - December 11, 2025: 2-4 pm

For more information about DC's 1115 waiver, please visit https://dhcf.dc.gov/1115-waiver-initiative or contact DHCF.WaiverInitiative@dc.gov with any questions.

** The originally scheduled October 9 HSR Subcommittee meeting will be rescheduled to October 16. An updated calendar invite will be sent soon.*

Reference

DHCF's 1115 Waiver Renewal Request for Reentry Services

DHCF has worked closely with DYRS, DOC, and DBH to formulate 1115 waiver services that meet CMS requirements. Proposed waiver services represent enhancement and support of existing services and the introduction of new services.

1. 30-day supply of prescription medications in hand upon release
2. Reentry case management
3. All forms of Medication Assisted Treatment (MAT) for substance use disorder (SUD)
4. Behavioral health counseling and therapy
5. Behavioral and physical health screening
6. Peer support services
7. Intensive family-based services for youth

All individuals within 90 days of release (both pre- and post-adjudication) at the following facilities will be eligible for waiver services:

- Central Treatment Facility
- Central Detention Facility
- New Beginnings Youth Development Center
- Youth Services Center

DHCF also put forward a request for limited enrollment and case management services to support transitions for DC Code offenders in BOP facilities.

DHCF's 1115 Waiver Renewal Request for HRSN Services

Housing

- Rent/temporary housing for up to 6 months and related utility assistance, specifically for:
  - Individuals transitioning out of institutional care or congregate settings
  - Individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter
  - Individuals transitioning out of the child welfare system including foster care
- Short-term pre-procedure and/or post-hospitalization housing for up to 6 months
- Transition, navigation, pre-tenancy, and tenancy-sustaining services
- One-time transition and moving costs
- Medically necessary home remediations
- Home/environment accessibility modifications

Nutrition

For beneficiaries with certain health risks, nutrition-sensitive health conditions, and/or children or pregnant or postpartum beneficiaries and their households:

- Nutrition counseling and education
- Home delivered meals or pantry stocking, up to 3 meals a day, for up to 6 months
- Fresh produce prescriptions, protein boxes, and/or grocery provisions, up to 3 meals a day, for up to 6 months
- Cooking supplies

Case Management, Outreach, and Education

Including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees

HRSN Infrastructure

- Technology
- Development of business or operational practices
- Workforce development
- Outreach, education, and stakeholder convening